

REGISTRATION FEE—\$35.00

Includes lunch, breaks, and all course materials.
Space is limited so please register early.

TO REGISTER: Complete all sections of the application form. If paying by check, make check payable to APHL. If paying by credit card (Visa, MasterCard, American Express), complete the credit card information. Mail payment and completed application form to:

National Laboratory Training Network
California Dept. of Health Services
2151 Berkeley Way Room 803
Berkeley, CA 94704-1011

Or
You may fax the completed registration form to NLTN
at: 510-540-2320.

DIRECTIONS: Be sure to copy directions to sites found on reverse side of application form prior to mailing the form.



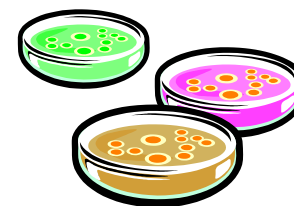
The National Laboratory Training Network is a training system sponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL).

California Department of Health Services
National Laboratory Training Network
Pacific Office
2151 Berkeley Way, Room 803
Berkeley, CA 94704-1011

PLEASE COPY AND POST.

FIRST CLASS MAIL

IMPORTANT CONSIDERATIONS FOR DETECTION AND REPORTING OF ANTIBACTERIAL RESISTANCE



April 26, 2003
Albuquerque, NM

May 3, 2003
Las Vegas, NV

May 6, 2003
San Diego, CA

Sponsored by
National Laboratory Training Network

In cooperation with
**New Mexico Department of Public Health
University of Nevada, Las Vegas
San Diego County Public Health Laboratory**

PROGRAM DESCRIPTION

Join your clinical microbiology colleagues and speaker Janet Hindler, MCLS, MT(ASCP), F(AAM) for an in-depth look at the 2003 NCCLS antimicrobial susceptibility testing (AST) recommendations from a “bench” level perspective.

The program will focus on issues relating to the appropriate organisms and drugs to test and which drugs to report. Ms. Hindler will present a strategy for handling bacteria not addressed in the NCCLS standards, and will provide suggestions for ways to identify and verify “weird” AST results generated on patient isolates. The program will emphasize effective reporting of results so that physicians can utilize the results appropriately to improve patient outcomes. Throughout the workshop, case studies will be presented to illustrate current resistance concerns and laboratory testing and reporting issues. A comprehensive handout will be provided. This program is appropriate for laboratory testing personnel in clinical, reference and public health laboratories.

PROGRAM OBJECTIVES

Upon completion of the workshop, participants will be able to:

- Explain how to implement current NCCLS AST testing and reporting recommendations.
- Summarize practical strategies for handling AST of bacteria not addressed in NCCLS standards.
- Discuss steps that can be taken to verify AST results obtained on bacteria isolated from patients.
- Describe effective reporting of AST results.

SCHEDULE

8:30 a.m.	Registration
8:50 a.m.	Overview and Opening Remarks
9:00 a.m.	How to Use 2003 NCCLS Standards to Guide AST Decisions in Your Laboratory
10:15 a.m.	Break
10:30 a.m.	What Can We Do With Bacteria That Are Not Addressed in NCCLS Standards?
11:00 a.m.	Gram Positive Bacteria: Verification of AST Results and How to Report Them Effectively
12:00 noon	Lunch
12:45 p.m.	Gram Negative Bacteria: Verification of AST Results and How to Report Them Effectively
2:00 p.m.	Break
2:15 p.m.	Assessing your Competency in Antimicrobial Susceptibility Testing
3:00 p.m.	Discussion; Evaluation; Closing Remarks
3:15 p.m.	Adjourn

INSTRUCTOR

Janet Hindler, MCLS, MT(ASCP), F(AAM)

Ms. Hindler is a Senior Specialist in Clinical Microbiology for the Division of Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is working this year with the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems, through an Interagency Personnel Agreement, to develop and conduct training on antimicrobial susceptibility testing (AST).

CONTINUING EDUCATION

- Continuing education credit will be offered based on 5 hours of instruction. The CDC is designated an Approved Provider of Continuing Education for Clinical Laboratory Scientists by the State of Nevada Bureau of Licensing and Certification.
- The NLTN is approved by the California Department of Health Services as a CA CLS Accrediting Agency (#0022). This program qualifies for 5 contact hours of continuing education for California clinical laboratory licensees.

ACKNOWLEDGEMENTS

The NLTN gratefully acknowledges the assistance of Bernadette Albanese, New Mexico Department of Public Health, Larry Buck, Tricore Reference Laboratories, Jan Klassen, University of Nevada, Las Vegas, and Chris Peter, San Diego County Public Health Laboratory for their assistance in planning and conducting this workshop

National Laboratory Training Network

*Improving Laboratory Practice of Public Health Significance
Through Quality Continuing Education*

Visit our website at www.nltm.org to find information about upcoming programs.

NEW FROM NLTN

Visit our website at www.nltm.org to find information on the new on-line Lending Library Index and checkout procedure. It's free and you can begin checking out laboratory-related continuing education materials today!



SPECIAL NEEDS AND ADDITIONAL INFORMATION

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN Pacific Office at least 14 days prior to the workshop by calling 1-800-536-NLTN or 510-540-3991. You may send a fax to us at 510-540-2320 or you may send an E-mail to poffice@NLTN.org.

DIRECTIONS TO SITES

April 26, 2003
New Mexico Department of Health

DIRECTIONS TO SITES

May 6, 2003
San Diego County Public Health Laboratory
3851 Rosecrans Street
San Diego, CA 92110

From Interstate 8, East, or Interstate 5, South: Exit on Rosecrans St. exit. Turn Left on Kurtz (second light), then left on Rosecrans St. The Health Services building is on the right.

From Interstate 5 North: Exit on Pacific Highway. Turn left on Rosecrans St. (just past the Interstate 5 overpass). Go about 1/2 block and turn left into the Health Services building parking lot.

Once inside the Health Services building, follow the yellow-striped hallway to the Public Laboratory in the back of the building.

May 3, 2003
Moyer Student Union
University of Nevada, Las Vegas, NV

Please type or print

Form Approved
OMB No. 0920-0017
Exp. Date 4/30/2003

(Dr., Mr., Mrs., Ms., or Miss) (First) (M.I.) (Last)

Social Security Number		We also need to know your Social Security Number. This number is voluntary and collected under the Public Health Service Act.	
Position Title		E-mail Address	
Employer's Name		Employer's Phone Number	
Employer's Address		Employer's Fax Number	
City	State <input type="checkbox"/>	Zip	
Check Course Number and Date desired. <input type="checkbox"/> April 26, 2003 in Albuquerque, NM Course Number PA7503 <input type="checkbox"/> May 3, 2003 in Las Vegas, NV Course Number PA6703 <input type="checkbox"/> May 6, 2003 in San Diego, CA Course Number PA6803			
Signature of Applicant		Date	

- EDUCATION LEVEL**
(Circle Highest Level Attained.)
- 01 Some High School
 - 02 High School Graduate
 - 03 Some College
 - 04 Associates Degree
 - 05 Bachelors Degree
 - 06 Masters Degree
 - 07 Doctoral Degree-MD
 - 08 Doctoral Degree-Other than MD
 - 09 Technical/Hospital School
 - 10 Other

- OCCUPATION**
(Circle one number.)
- 01 Physician
 - 02 Veterinarian
 - 04 Laboratorian
 - 05 Nursing
 - 06 Sanitarian
 - 07 Industrial Hygienist
 - 08 Administration
 - 09 Water Treatment Operator
 - 11 Safety Professional

- TYPE OF EMPLOYER**
Please review all categories before circling appropriate one.
(Circle one number.)
- 01 State and Territorial Health Department
 - 02 Other State & Territory Employer
 - 03 Local, City or County Health Dept.
 - 04 Other Local Government Employer
 - 05 CDC
 - 06 Other CDC Employer
 - 09 U.S. Food & Drug Administration
 - 11 U.S. Department of Defense
 - 12 Veterans Administration Hospital
 - 15 Other Federal Government Employer
 - 16 Foreign Employer
 - 17 Private/Community Hospital
 - 19 College/University
 - 21 Private Industry
 - 23 Private Clinical Laboratory
 - 24 Physician Office Lab/Group Practice
 - 25 Hospital-State Funded
 - 26 Hospital-City/County Funded
 - 28 Health Maintenance Organization

THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER

The information requested on this form is collected under the authority of 42 U.S.C. 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. Furnishing the information requested on this form, including your Social Security number (SSN), is voluntary. However, no applicant may receive Continuing Education Unit or Continuing Medical Education Unit credit unless a completed application form is received. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public Reporting burden for this information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC-ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MSD-24, Atlanta, Georgia 30333; Attn: PRA (0920-0017).

Important Considerations for Detection And Reporting of Antibacterial Resistance

Register Early! We expect this class to fill quickly!

Registration Fee for this course is \$35.00.

Registration deadlines:

April 11, 2003 for Albuquerque course

April 18, 2003 for Las Vegas course

April 22, 2003 for San Diego Course

☐ Enclosed is my check or money order, payable to APHL.

☐ Bill my Credit Card (circle one).
VISA Master Card
American Express

Do you perform antimicrobial susceptibility testing as part of your routine duties and responsibilities?

☐ Yes ☐ No

Submit your registration form to:
NLTN Pacific Office

Card Holder's Name
Card Number
Expiration Date
Signature
Date
Amount of Payment

California Department of Health Services
2151 Berkeley Way Room 803